

## CALIFORNIA CONSUMER INFORMATION REQUEST FORM

Validation of your identity is critical to ensuring the protection of your personal information. Depending on the response to your request, AmeriFirst Financial, Inc. may require you to provide proof of identity before it can be fulfilled. If you are a third party authorized agent, we will require evidence from the consumer that you have to make this request. We will respond to your request within 45 days.

Are you requesting this information for yourself or on the behalf of another person?  
If on behalf of someone else, please list their name.

Yourself

Another person: \_\_\_\_\_

What is your relationship with AmeriFirst Financial, Inc. ?

Subscriber

Applicant

Borrower

3rd Party Authorized Agent

What is your request type?

Remove access to my data

Delete my data

Do not sell my data

I declare under penalty of perjury that the forgoing is true the correct and that I am the consumer or Authorized agent who's personal information is the subject of this request.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

After completing this form, you can email it to us at [compliance@amerifirst.us](mailto:compliance@amerifirst.us). Or  
Print and Mail to: AmeriFirst Financial Inc. 1550 East McKellips Road Suite 117, Mesa AZ 85203